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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="checked" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket	6444-PA05		
	First Named Inventor	ROB NEEPER		
	COMPLETE IF KNOWN			
	Application Number	UNKNOWN		
	Filing Date	HEREWITH		
	Group Art Unit	UNKNOWN		
	Examiner Name	UNKNOWN		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CONTAINER AND METHOD FOR HIGH VOLUME TREATMENT OF SAMPLES ON SOLID SUPPORTS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable.)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1 56

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

U.S. Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Registered practitioner(s) name/registration number listed below

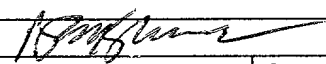
Name	Registration Number	Name	Registration Number
NEIL F. MARTIN JOHN L. HALLER JAMES W. McCLAIN	23,088 27,795 24,536	ELEANOR M. MUSICK KATHLEEN CONNELL	35,623 45,344

Direct all correspondence to:

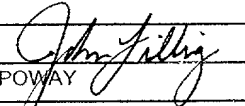
Attorney Name	ELEANOR M. MUSICK				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

NAME OF SOLE OR FIRST INVENTOR ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Last Name	
ROB				NEEPER	
Inventor's Signature				Date	4-11-00
Residence: City	LAKESIDE	State	CA	Country	USA
Post Office Address	12153 CIMBRIA WAY				
Post Office Address					
City	LAKESIDE	State	CA	Zip	92040
Country	USA				

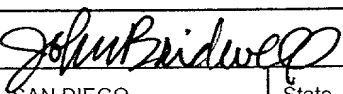
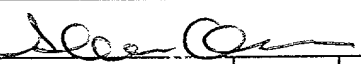
NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])				Last Name	
JOHN				LILLIG	
Inventor's Signature				Date	Apr. 11, 2000
Residence: City	POWAY	State	CA	Country	USA
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Post Office Address					
City	POWAY	State	CA	Zip	92064
Country	USA				

☐ Additional Inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
JOHN				BRIDWELL			
Inventor's Signature					Date		4/11/00
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Post Office Address							
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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ALLAN				CHILDERS			
Inventor's Signature					Date		4/12/00
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Post Office Address							
City	SAN DIEGO	State	CA	Zip	92127	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

This form is not valid unless it contains the following information: